



## INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM APPLICATION

State Form 52772 (8-06)

THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT'S  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management  
Office of Pollution Prevention & Technical Assistance

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Indianapolis, Indiana 46204-2251

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### When to use this application form...

**STOP!** Is your facility currently a member or planning to become a member of the U.S. Environmental Protection Agency's National Environmental Performance Track Program (NEPT)? If your facility is currently a NEPT member, please contact IDEM at 800-988-7901 for application information before proceeding.

If your facility wishes to become a member of NEPT **and** Indiana's Environmental Stewardship Program (ESP), do not complete this application. Use the NEPT application found at: [www.epa.gov/performance/track/apps/app.htm](http://www.epa.gov/performance/track/apps/app.htm). U.S. EPA will notify IDEM of your NEPT application and IDEM will contact you to verify that your NEPT application should also be considered for ESP.

**GO!** Please use this form when you are applying **only** to the Indiana Environmental Stewardship Program. E-mail the completed application to the Indiana Department of Environmental Management (IDEM) at [esp@idem.IN.gov](mailto:esp@idem.IN.gov). IDEM will notify you of receipt.

Your application should be reviewed and signed by a senior manager at your facility prior to submittal. The Application and Participation Statement must be signed by a senior manager at the facility and faxed, e-mailed, or mailed to IDEM. If you have any questions, please contact IDEM at [esp@idem.IN.gov](mailto:esp@idem.IN.gov) or 800-988-7901.

### APPLICANT INFORMATION

Name of Facility\*

Name of Parent Company\*\*

Facility Location, Street Address

Facility Location, City/State/ZIP code

If your facility has multiple street addresses, please list any other addresses for its sites or buildings:

\* The name you enter for your facility will appear on all documents pertaining to ESP participation, which can include, but is not limited to: acceptance certificates, ESP membership directories, press releases, alphabetized lists on IDEM web sites, and so on. If your company has or will have multiple members in the program, we suggest facility names be provided that distinguish the facilities from one another.

\*\*Please note that any parent company listed will not appear on ESP documentation. If it is important that your parent company appear in the facility's title, then please include it in the facility name above.

### CONTACT INFORMATION

Contact Name (Mr./Mrs./Ms./Dr.)

Title

Phone

Fax

E-mail

Facility/Company Website

Mailing Address (if different from street address)

City/State/ ZIP code

**SECTION A****ABOUT YOUR FACILITY****Why do we need this information?**

IDEM needs background information on your facility to evaluate your application.

**What do you need to do?**

Provide background information on your facility  
Identify your environmental requirements

1 In what ways have you learned about ESP? (Select all that apply)

- ☐ At a professional conference
- ☐ Marketing mailer
- ☐ Through a trade association
- ☐ Market phone call or e-mail
- ☐ Internally within your company
- ☐ News media / professional journal
- ☐ From a peer in your sector
- ☐ Environmental consultant
- ☐ Internet/website
- ☐ Other (please specify) \_\_\_\_\_

2 What do you do or make at your facility?

3 List the North American Industrial Classification System (NAICS) codes you use to classify business at your facility.

\_\_\_\_\_

4 How many employees (full-time equivalents) currently work at your facility?

- ☐ Fewer than 50
- ☐ 50-99
- ☐ 100-499
- ☐ 500-1,000
- ☐ More than 1,000

5. If there is something else you would like to tell us about your facility, e.g., receipt of environmental awards, participation in other voluntary programs at the local, tribe, state, or federal level, please describe them here.

**SECTION B****ABOUT YOUR EMS****Why do we need this information?**

Facilities need to have implemented an approved environmental management system (EMS) that meets certain criteria.

**What do you need to do?**

Confirm your EMS meets the ESP criteria  
Confirm you have had an independent assessment of your EMS

1 Are you a Responsible Care-certified facility?

- ☐ Yes. If yes, please answer these supplementary questions regarding your Responsible Care certification:

Please indicate whether your certification is to:

- ☐ RC EMS
- ☐ RC 14001

Are you a member of the American Chemistry Council (ACC)?

- ☐ Yes
- ☐ No

Are you a member of the Synthetic Organic Chemical Manufacturers (SOCMA)?

- ☐ Yes
- ☐ No

**Responsible Care-certified facilities may now skip to Section C.**

- ☐ No. If no, please continue to question 2.

2 Read the EMS requirements in the instructions for this page. Tell us if your EMS meets these requirements for:

Environmental Policy

- ☐ Yes  
☐ No

Planning

- ☐ Yes  
☐ No

Implementing and operation

- ☐ Yes  
☐ No

Checking and corrective action

- ☐ Yes  
☐ No

Management review

- ☐ Yes  
☐ No

Public Outreach

- ☐ Yes  
☐ No

3 Have you done a comprehensive review of all activities conducted at your facility that could impact the environment (i.e., have you completed an aspect analysis)?

- ☐ Yes  
☐ No

4 Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors (i.e., have you determined your significant aspects)?

- ☐ Yes  
☐ No

5 When did you last update your aspect analysis? (mo/yr) \_\_\_\_\_

6 Have you implemented the EMS (plan-do)?

- ☐ Yes  
☐ No

7 Has your EMS been assessed by an independent party or certified by a recognized standard?

- ☐ Yes. If yes, what method of EMS assessment did you use?  
☐ IDEM or dually authorized agent of IDEM  
☐ ISO 14001 Certification  
☐ Other, please specify \_\_\_\_\_  
☐ No

8 What was the date of your last independent EMS assessment (mo/yr)? \_\_\_\_\_

9 Who performed the independent assessment? \_\_\_\_\_

## SECTION C

## ENVIRONMENTAL IMPROVEMENT INITIATIVES

### Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

### What do you need to do?

Refer to the Environmental Performance Table in the instructions for this page to answer question 1.

For ESP membership, you must identify three (3) environmental improvement initiatives for each 3-year membership term. One (1) initiative must be identified in this application and the remaining initiatives shall be identified each year at the time the annual summary is submitted to IDEM. In the following table, identify the initiative that will begin this year. The initiative will be measured by the environmental indicator you select. You must choose an indicator from the Environmental Performance Table as provided in the ESP Application Instructions. The indicator you select for your initiative should be related to the objectives and targets in your EMS. Where possible, indicators also should be identified as having a significant environmental impact in your EMS. No more than two of your indicators can be from the same environmental category during the 3-year term. If you are not sure how your objectives and targets fit into the indicators from the Environmental Performance Table or whether your indicators are significant, call IDEM at 800-988-7901.

Once you have chosen your environmental indicator, fill in all the necessary information for the indicator in the table below. Please quantify your indicator from the Environmental Performance Table provided in the ESP Application Instructions. Additional information is required for air, hazardous waste, solid waste, and energy indicators. Please see Appendix 1 for these forms.

1a What category have you selected from the Environmental Performance Table? (if the category is Energy Use, Waste, or Air Emissions for Total GHGs, please turn to Appendix 1 to complete additional questions) \_\_\_\_\_

1b What indicator have you selected from the Environmental Performance Table? \_\_\_\_\_

1c Does your initiative include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific process, substance or component (e.g., ethane, cardboard)?

- ☐ All  
☐ Specific

All measurements should represent the performance level for the indicator across the entire facility. For many indicators, however, you may choose to focus your initiative on a specific subset of the indicator, e.g. a specific material, a specific process, a specific group of toxic air emissions, a particular waste component, a specific VOC, etc.

If your initiative is specific to a substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component).

1d What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)?

2a Does this initiative address a significant aspect in your EMS?

- ☐ Yes  
☐ No

2b If no, please explain why you believe this indicator should be included as an environmental improvement initiative.

*Stop! If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total GHGs, please skip Questions 3a – 3b below and turn to Appendix 1 to complete the questions pertaining to the category you listed.*

3a What units are you using to quantify this indicator? \_\_\_\_\_

*(Please refer to the Environmental Performance Table for the acceptable units for each indicator.)*

3b List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year.

_____ Baseline quantity	Year _____
_____ Future year quantity (not including production)	Year _____

4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?

- ☐ Normalized goal (i.e., indexed to level of business in baseline year)  
☐ Absolute goal (i.e., demonstrates improvement even if production increases)

5 Whether your goal is absolute or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Please briefly describe your basis for normalizing. Examples of potential normalizing basis include:

- gallons of paint produced,
- square feet of circuit boards sold,
- number of patients seen,
- dollars of sales adjusted for inflation,
- number of employees (for R&D and administrative sites only)

6a Are you subject to Federal, State, tribal, or local regulatory requirements for this indicator?

- ☐ Yes  
☐ No

6b If yes, explain how your initiative exceeds requirements.

**APPENDIX 1****ENVIRONMENTAL PERFORMANCE DATA**

Additional questions for environmental improvement initiatives for the following categories/indicators:

**Energy Use - Non-Transportation**

In the table below, please enter the amount of energy that you currently use and that you intend to use in 2008. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line. (Natural gas is typically combusted on site so it is listed in the "onsite" section).

Please note that this table categorizes sources of energy by where the energy is generated.

3a Is the goal of your energy use commitment to:

- ☐ Reduce total energy use  
☐ Invest in renewable energy sources  
☐ Combination of both strategies

3b How much energy of each type does your facility use?

		Baseline Year 20	Future Year 20	Units
Energy Generated Off-Site	Electricity			
	Steam			
	<b>Total Energy Generated Off-Site</b>			
Sources of Energy Generated On-Site	Coal			
	Natural Gas			
	Crude Oil			
	Fuel Oil			
	Diesel			
	Propane / LPG			
	Gasoline			
	Hydrogen Powered Fuel Cells			
	Natural Gas / Methane Powered Fuel Cells			
	Biomass			
	Solar			
	Wind			
	Landfill Gas			
	Geothermal			
	Hydroelectric			
	Tire Derived Fuel			
	Other Fuel or Source Specify: _____			
	<b>Total Energy Generated On-Site</b>			
<b>Total Renewable Energy Use</b>				
<b>Total Non-Renewable Energy Use</b>				
<b>Total Energy Use</b>				
<b>Metric Tons of CO2 Equivalents</b>				
<b>Metric Tons of CO2 Equivalents</b>				
<b>Offset Through Purchases of Electricity from Renewable Off-Site Sources</b>				
<b>Net Metric Tons of CO2 Equivalents</b>				

**Waste - Non-Hazardous Waste Generation**

In the table below, please enter your facility's amount of non-hazardous waste, broken down by waste management method. Please enter both the amounts you manage currently and that you intend to manage in 2008. "Waste" is defined as all materials sent off-site that are neither product nor product packaging.

3a Is the goal of your nonhazardous waste commitment to:

- ☐ Reduce non-hazardous waste  
☐ Improve waste management methods  
☐ Combination of both strategies

3b How much of your waste is handled using each management method?

Method of Waste Managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			
Other management Specify: _____			
<b>Total Non-Hazardous Waste</b>			

**Waste - Hazardous Waste Generation**

In the table below, please enter your facility's amount of hazardous waste, broken down by waste management method. Please enter both the amounts that you manage currently and that you intend to manage in 2008. Include all hazardous waste that is treated on-site or sent off-site.

3a Is the goal of your hazardous waste commitment to:

- ☐ Reduce hazardous waste  
☐ Improve waste management methods  
☐ Combination of both strategies

3b How much of your hazardous waste is handled using each management method?

Method of Waste Managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			
Treated on-site			
Other management Specify: _____			
<b>Total Hazardous Waste</b>			

**Air Emissions – Total GHGs**

3a Is the goal of your Total GHGs commitment to:

- ☐ Reduce energy use  
☐ Reduce process-related emissions  
☐ Combination of both strategies

3b How much greenhouse gas does your facility emit from each source?

		Baseline Year 20	Future Year 20	Units
Direct Emissions	Stationary Combustion			
	Mobile Sources			
	Refrigeration/AC Equipment Use			
	Process/Fugitive Specify Source: _____			
	Process/Fugitive Specify Source: _____			
	Process/Fugitive Specify Source: _____			
	<b>Total Direct Emissions Process/Fugitive</b>			
Indirect Emissions	Purchased Electricity			
	Purchased Steam			
	Purchased Hot Water			
	<b>Total Indirect Emissions</b>			
Optional Indirect Emissions	Other Specify Source: _____			
	Other Specify Source: _____			
	Other Specify Source: _____			
	<b>Total Optional Indirect Emissions</b>			
Offsets	Offsets Specify Source: _____			
	Offsets Specify Source: _____			
	Offsets Specify Source: _____			
	<b>Total Reductions from Offsets</b>			
	<b>Total Emissions Less Offsets</b>			
Supplemental Information	Total CFC			
	Total HCFC			
	Total Stationary Combustion – Biomass CO2			
	Total Mobile Sources – Biomass CO2			
	Electricity trading transactions- Electricity Purchase for Resale			

## APPLICATION AND PARTICIPATION STATEMENT

Print and complete this page.

Send a signed copy of this page to IDEM via fax, mail, or scan and e-mail.

On behalf of \_\_\_\_\_

I certify that

- I have read and agree to the terms and conditions for Application and Participation in the Indiana Environmental Stewardship Program, as specified in the Indiana Environmental Stewardship Program Guidelines and Application Instructions;
- I have personally examined and am familiar with the information contained in this Application, including the Environmental Requirements Checklist. The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Indiana Environmental Stewardship Program EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.

I agree that IDEM's decision whether to accept participants into or remove them from the Indiana Environmental Stewardship Program is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or removal decision. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

\_\_\_\_\_

Printed Name/Title

Mr./Mrs./Ms./Dr. \_\_\_\_\_

Phone Number/E-mail

\_\_\_\_\_

Facility Name

\_\_\_\_\_

Facility Street Address

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Mailing Address

(if different from facility location):

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Please e-mail your completed application and attachments to [esp@idem.IN.gov](mailto:esp@idem.IN.gov).

Please provide IDEM with a signed version of the Application and Participation Statement. Once signed, this statement may be faxed, mailed, or e-mailed to IDEM at:

**IDEM – OPPTA**  
Attn: ESP Application  
100 North Senate Avenue  
MC 64-00 IGCS W041  
Indianapolis, Indiana 46204-2251

Fax: 317-233-5627

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